

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

PHA Plans

5 Year Plan for Fiscal Years 2008 - 2012

Annual Plan for Fiscal Year 2008

NORTH IOWA REGIONAL HOUSING AUTHORITY

202 First Street SE, Suite 203

Mason City, IA 50401

(641)423-0897 fax: (641)423-1624

Contact: Debra Bullerman, Executive Director

Email: dbullerman@nirha.com

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHA Name: North Iowa Regional Housing Authority

PHA Number: IA127

PHA Fiscal Year Beginning: (mm/yyyy) 10/2008

PHA Programs Administered:

☒ **Public Housing and Section 8** ☐ **Section 8 Only** ☐ **Public Housing Only**
Number of public housing units: 121 Number of S8 units: Number of public housing units:
Number of S8 units: 383

☐ **PHA Consortia:** (check box if submitting a joint PHA Plan and complete table)

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices
- ☐ Main administrative office of the local government
- ☐ Main administrative office of the County government
- ☐ Main administrative office of the State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

5-YEAR PLAN
PHA FISCAL YEARS 2008 - 2012
[24 CFR Part 903.5]

A. Mission

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- ☐ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- ☒ The PHA's mission is: (state mission here)
The mission of the North Iowa Regional Housing Authority (NIRHA) is to assist low-income families with decent, safe and affordable housing opportunities as they strive to achieve self-sufficiency and improve the quality of their lives. NIRHA is committed to operating in an efficient, ethical, and professional manner. NIRHA will create and maintain partnerships with its clients and appropriate community agencies in order to accomplish this mission.

B. Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

- ☒ PHA Goal: Expand the supply of assisted housing
Objectives:
- ☐ Apply for additional rental vouchers:
 - ☒ Reduce public housing vacancies:
 - ☐ Leverage private or other public funds to create additional housing opportunities:
 - ☐ Acquire or build units or developments
 - ☐ Other (list below)
- ☒ PHA Goal: Improve the quality of assisted housing
Objectives:
- ☒ Improve public housing management: (PHAS score) (≥88 pts)
 - ☒ Improve voucher management: (SEMAP score) (≥90%)

- ☒ Increase customer satisfaction:
- ☒ Concentrate on efforts to improve specific management functions:
(list; e.g., public housing finance; voucher unit inspections)
- ☒ Renovate or modernize public housing units:
- ☐ Demolish or dispose of obsolete public housing:
- ☐ Provide replacement public housing:
- ☐ Provide replacement vouchers:
- ☐ Other: (list below)

☒ **PHA Goal: Increase assisted housing choices**

Objectives:

- ☒ Provide voucher mobility counseling:
- ☒ Conduct outreach efforts to potential voucher landlords
- ☒ Increase voucher payment standards
- ☒ Implement voucher homeownership program:
- ☐ Implement public housing or other homeownership programs:
- ☐ Implement public housing site-based waiting lists:
- ☐ Convert public housing to vouchers:
- ☐ Other: (list below)

HUD Strategic Goal: Improve community quality of life and economic vitality

☒ **PHA Goal: Provide an improved living environment**

Objectives:

- ☒ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- ☒ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- ☒ Implement public housing security improvements:
- ☐ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- ☐ Other: (list below)

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

☐ **PHA Goal: Promote self-sufficiency and asset development of assisted households**

Objectives:

- ☐ Increase the number and percentage of employed persons in assisted families:

- ☐ Provide or attract supportive services to improve assistance recipients' employability:
- ☐ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- ☐ Other: (list below)

HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

- ☒ PHA Goal: Ensure equal opportunity and affirmatively further fair housing
Objectives:
 - ☒ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
 - ☒ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
 - ☒ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
 - ☐ Other: (list below)

Other PHA Goals and Objectives: (list below)

Manage NIRHA's public housing and Section 8 programs in an efficient and effective manner and achieve High Performer rating by FY 2008 Agency Plan submission.

Annual PHA Plan
PHA Fiscal Year 2008
[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

- ☐ **Standard Plan**
- ☒ **Troubled Agency Plan**

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

Table of Contents

	<u>Page #</u>
Annual Plan	
i. Executive Summary	
ii. Table of Contents	
1. Housing Needs	11
2. Financial Resources	26
3. Policies on Eligibility, Selection and Admissions	27
4. Rent Determination Policies	36
5. Operations and Management Policies	41
6. Grievance Procedures	42
7. Capital Improvement Needs	43
8. Demolition and Disposition	50
9. Designation of Housing	51
10. Conversions of Public Housing	52
11. Homeownership	54
12. Community Service Programs	55
13. Crime and Safety	58
14. Pts	60
15. Civil Rights Certifications (included with PHA Plan Certifications)	60
16. Audit	60
17. Asset Management	60
18. Other Information	61

Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Required Attachments:

- ☐ Admissions Policy for Deconcentration
- ☒ FY 2008 Capital Fund Program Annual Statement
- ☒ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
- ATTACHMENT A**
- ☒ List of Resident Advisory Board Members **ATTACHMENT B**
- ☐ List of Resident Board Member
- ☒ Community Service Description of Implementation **ATTACHMENT C**
- ☒ Information on Pet Policy **ATTACHMENT D**
- ☐ Section 8 Homeownership Capacity Statement, if applicable
- ☐ Description of Homeownership Programs, if applicable
- ☒ Other: Site Based Waiting List Assessment **ATTACHMENT G**

Optional Attachments:

- ☒ PHA Management Organizational Chart **ATTACHMENT E**
- ☒ FY 2008 Capital Fund Program 5 Year Action Plan
- ☐ Public Housing Drug Elimination Program (PHDEP) Plan
- ☐ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- ☒ Other (List below, providing each attachment name)
ATTACHMENT F VAWA brochure

Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local	5 Year and Annual Plans

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	
website	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
X	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of AMI	915	5	4	5	3	3	3
Income >30% but <=50% of AMI	777	5	4	5	3	3	3
Income >50% but <80% of AMI	276	2	2	2	2	2	2
Elderly	775	4	3	3	5	3	3
Families with Disabilities	1,172	5	5	5	5	3	3
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- ☒ Consolidated Plan of the Jurisdiction/s
Indicate year: 2005
- ☒ U.S. Census data: the Comprehensive Housing Affordability Strategy
("CHAS") dataset
- ☐ American Housing Survey data
Indicate year:
- ☐ Other housing market study
Indicate year:
- ☐ Other sources: (list and indicate year of information)

B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/>	Section 8 tenant-based assistance		
<input type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	144		85
Extremely low income <=30% AMI	103	71.53	
Very low income (>30% but <=50% AMI)	41	28.47	
Low income (>50% but <80% AMI)	0	0	
Families with children	79	54.86	
Elderly families	27	18.75	
Families with Disabilities	11	7.64	
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			

Housing Needs of Families on the Waiting List			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input checked="" type="checkbox"/> Public Housing - ALGONA <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	11		6
Extremely low income <=30% AMI	7	63.64	
Very low income (>30% but <=50% AMI)	4	36.36	
Low income (>50% but <80% AMI)	0	0	
Families with children	2	18.18	
Elderly families	2	18.18	
Families with Disabilities	2	18.18	
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			

Housing Needs of Families on the Waiting List			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	9	81.82	
2 BR	0	0	
3 BR	2	18.18	
4 BR	0	0	
5 BR	0	0	
5+ BR	0	0	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input checked="" type="checkbox"/> Public Housing - BRITT <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	4		4
Extremely low income <=30% AMI	3	75.00	
Very low income (>30% but <=50% AMI)	1	25.00	
Low income (>50% but <80% AMI)	0	0	
Families with children	0	0	
Elderly families	0	0	
Families with Disabilities	1	25.00	
Race/ethnicity			

Housing Needs of Families on the Waiting List			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	4	100.00	
2 BR	0	0	
3 BR	0	0	
4 BR	0	0	
5 BR	0	0	
5+ BR	0	0	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input checked="" type="checkbox"/> Public Housing – CLEAR LAKE <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	25		0
Extremely low income <=30% AMI	20	80.	
Very low income (>30% but <=50% AMI)	5	20.00	
Low income (>50% but <80% AMI)	0	0	
Families with children	13	52.00	
Elderly families	1	4.00	
Families with Disabilities	3	12.00	
Race/ethnicity			

Housing Needs of Families on the Waiting List			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	12	48.00	
2 BR	9	36.00	
3 BR	4	16.00	
4 BR	0	0	
5 BR	0	0	
5+ BR	0	0	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input checked="" type="checkbox"/> Public Housing – FOREST CITY <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	7		9
Extremely low income <=30% AMI	4	57.14	
Very low income (>30% but <=50% AMI)	3	42.86	
Low income (>50% but <80% AMI)	0	0	
Families with children	0	0	
Elderly families	0	0	
Families with Disabilities	1	25.00	
Race/ethnicity			

Housing Needs of Families on the Waiting List			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	7	100.00	
2 BR	0	0	
3 BR	0	0	
4 BR	0	0	
5 BR	0	0	
5+ BR	0	0	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input checked="" type="checkbox"/> Public Housing - HAMPTON <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	1		5
Extremely low income <=30% AMI	1	100.00	
Very low income (>30% but <=50% AMI)	0	0	
Low income (>50% but <80% AMI)	0	0	
Families with children	0	0	
Elderly families	1	100.00	
Families with Disabilities	1	100.00	
Race/ethnicity			

Housing Needs of Families on the Waiting List			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	1	100.00	
2 BR	0	0	
3 BR	0	0	
4 BR	0	0	
5 BR	0	0	
5+ BR	0	0	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input checked="" type="checkbox"/> Public Housing - MANLY <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	0		2
Extremely low income <=30% AMI	0	0	
Very low income (>30% but <=50% AMI)	0	0	
Low income (>50% but <80% AMI)	0	0	
Families with children	0	0	
Elderly families	0	0	
Families with Disabilities	0	0	
Race/ethnicity			

Housing Needs of Families on the Waiting List			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	0	0	
2 BR	0	0	
3 BR	0	0	
4 BR	0	0	
5 BR	0	0	
5+ BR	0	0	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input checked="" type="checkbox"/> Public Housing - NORTHWOOD <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	3		4
Extremely low income <=30% AMI	2	66.67	
Very low income (>30% but <=50% AMI)	1	33.33	
Low income (>50% but <80% AMI)	0	0	
Families with children	3	100.00	
Elderly families	0	0	
Families with Disabilities	0	0	
Race/ethnicity			

Housing Needs of Families on the Waiting List			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	0	0	
2 BR	2	66.67	
3 BR	1	33.33	
4 BR	0	0	
5 BR	0	0	
5+ BR	0	0	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input checked="" type="checkbox"/> Public Housing - OSAGE <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	9		1
Extremely low income <=30% AMI	6	66.67	
Very low income (>30% but <=50% AMI)	3	33.33	
Low income (>50% but <80% AMI)	0	0	
Families with children	5	55.56	
Elderly families	1	11.11	
Families with Disabilities	1	11.11	
Race/ethnicity			

Housing Needs of Families on the Waiting List			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	4	44.44	
2 BR	5	55.56	
3 BR	0	0	
4 BR	0	0	
5 BR	0	0	
5+ BR	0	0	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input checked="" type="checkbox"/> Public Housing - ROCKFORD <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	0		5
Extremely low income <=30% AMI	0	0	
Very low income (>30% but <=50% AMI)	0	0	
Low income (>50% but <80% AMI)	0	0	
Families with children	0	0	
Elderly families	0	0	
Families with Disabilities	0	0	
Race/ethnicity			

Housing Needs of Families on the Waiting List			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	0	0	
2 BR	0	0	
3 BR	0	0	
4 BR	0	0	
5 BR	0	0	
5+ BR	0	0	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input checked="" type="checkbox"/> Public Housing - SHEFFIELD <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	1		0
Extremely low income <=30% AMI	1	100.00	
Very low income (>30% but <=50% AMI)	0	0	
Low income (>50% but <80% AMI)	0	0	
Families with children	1	100.00	
Elderly families	0	0	
Families with Disabilities	0	0	
Race/ethnicity			

Housing Needs of Families on the Waiting List			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	0	0	
2 BR	1	100.00	
3 BR	0	0	
4 BR	0	0	
5 BR	0	0	
5+ BR	0	0	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

Select all that apply

- ☒ Employ effective maintenance and management policies to minimize the number of public housing units off-line
- ☒ Reduce turnover time for vacated public housing units
- ☒ Reduce time to renovate public housing units
- ☐ Seek replacement of public housing units lost to the inventory through mixed finance development
- ☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- ☒ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- ☒ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required

- ☒ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- ☒ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- ☐ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- ☐ Other (list below)

Strategy 2: Increase the number of affordable housing units by:

Select all that apply

- ☐ Apply for additional section 8 units should they become available
- ☐ Leverage affordable housing resources in the community through the creation of mixed - finance housing
- ☐ Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- ☐ Other: (list below)

Need: Specific Family Types: Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30 % of AMI

Select all that apply

- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- ☐ Employ admissions preferences aimed at families with economic hardships
- ☐ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

Need: Specific Family Types: Families at or below 50% of median

Strategy 1: Target available assistance to families at or below 50% of AMI

Select all that apply

- ☐ Employ admissions preferences aimed at families who are working
- ☐ Adopt rent policies to support and encourage work
- ☒ Other: (list below)
Increase outreach to the target families through education of community agencies/partners that serve this population.

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

- ☐ Seek designation of public housing for the elderly
- ☐ Apply for special-purpose vouchers targeted to the elderly, should they become available
- ☒ Other: (list below)
Increase outreach to the target families through education of community agencies/partners that serve this population.

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

- ☐ Seek designation of public housing for families with disabilities
- ☒ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- ☐ Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- ☐ Affirmatively market to local non-profit agencies that assist families with disabilities
- ☐ Other: (list below)

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

Select if applicable

- ☒ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- ☐ Other: (list below)

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

- ☒ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- ☒ Market the section 8 program to owners outside of areas of poverty /minority concentrations
- ☐ Other: (list below)

Other Housing Needs & Strategies: (list needs and strategies below)

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- ☒ Funding constraints
- ☒ Staffing constraints
- ☐ Limited availability of sites for assisted housing
- ☒ Extent to which particular housing needs are met by other organizations in the community
- ☐ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- ☒ Influence of the housing market on PHA programs
- ☐ Community priorities regarding housing assistance
- ☐ Results of consultation with local or state government
- ☐ Results of consultation with residents and the Resident Advisory Board
- ☐ Results of consultation with advocacy groups
- ☒ Other: (list below)
History of interest in assistance in specific locations of jurisdiction that require greater outreach efforts.

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2008 grants)		
a) Public Housing Operating Fund	251,024	
b) Public Housing Capital Fund	165,729	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	167,000 (Admin) 796,463 (HAP)	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
3. Public Housing Dwelling Rental Income	131,680	
4. Other income (list below)		
Non-dwelling rent	4,320	
Interest	14,000	
Other sources	2,500	
4. Non-federal sources (list below)		
Tenant charges	2,500	
Excess Utilities	180	
Total resources	1,535,396	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

(1) Eligibility

- a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- ☒ When families are within a certain number of being offered a unit: (state number) 3
- ☐ When families are within a certain time of being offered a unit: (state time)
- ☐ Other: (describe)
- b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?
- ☒ Criminal or Drug-related activity
- ☒ Rental history
- ☒ Housekeeping
- ☒ Other (describe) Sex offenders and personal references
- c. ☐ Yes ☒ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- d. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- e. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

(2) Waiting List Organization

- a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)
- ☐ Community-wide list
- ☐ Sub-jurisdictional lists
- ☒ Site-based waiting lists
- ☐ Other (describe)
- b. Where may interested persons apply for admission to public housing?
- ☒ PHA main administrative office
- ☐ PHA development site management office
- ☐ Other (list below)
- c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**.
1. How many site-based waiting lists will the PHA operate in the coming year? 10
2. ☐ Yes ☒ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
- If yes, how many lists?

3. ☒ Yes ☐ No: May families be on more than one list simultaneously
If yes, how many lists? 10
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
- ☒ PHA main administrative office
 - ☐ All PHA development management offices
 - ☐ Management offices at developments with site-based waiting lists
 - ☐ At the development to which they would like to apply
 - ☒ Other (list below)
Website

(3) Assignment

- a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)
- ☐ One
 - ☒ Two
 - ☐ Three or More
- b. ☒ Yes ☐ No: Is this policy consistent across all waiting list types?
- c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

(4) Admissions Preferences

- a. Income targeting:
- ☒ Yes ☐ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?
- b. Transfer policies:
- In what circumstances will transfers take precedence over new admissions? (list below)
- ☒ Emergencies
 - ☒ Overhoused
 - ☒ Underhoused
 - ☒ Medical justification
 - ☒ Administrative reasons determined by the PHA (e.g., to permit modernization work)
 - ☐ Resident choice: (state circumstances below)
 - ☐ Other: (list below)

c. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**.)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☐ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans’ families
- ☒ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

2 Date and Time

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☒ **1** Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- ☐ The PHA applies preferences within income tiers
- ☒ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- ☒ The PHA-resident lease
- ☒ The PHA's Admissions and (Continued) Occupancy policy
- ☒ PHA briefing seminars or written materials
- ☒ Other source (list)
NIRHA Rules and Regulations
NIRHA Charges and Maintenance
Newsletters

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- ☒ At an annual reexamination and lease renewal
- ☒ Any time family composition changes
- ☒ At family request for revision
- ☐ Other (list)

(6) Deconcentration and Income Mixing

a. ☒ Yes ☐ No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. ☐ Yes ☒ No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

☐ Adoption of site based waiting lists

If selected, list targeted developments below:

☐ Employing waiting list “skipping” to achieve deconcentration of poverty or income mixing goals at targeted developments

If selected, list targeted developments below:

☐ Employing new admission preferences at targeted developments

If selected, list targeted developments below:

☐ Other (list policies and developments targeted below)

d. ☐ Yes ☒ No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

☐ Additional affirmative marketing

☐ Actions to improve the marketability of certain developments

☐ Adoption or adjustment of ceiling rents for certain developments

☐ Adoption of rent incentives to encourage deconcentration of poverty and income-mixing

☐ Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

☐ Not applicable: results of analysis did not indicate a need for such efforts

☒ List (any applicable) developments below:

IA127-001 Agona, Clear Lake, Osage & Sheffield, IA127 -009 Britt & Forest City, IA127-002 Manly, IA127-008 Northwood, IA127- 005 Rockford

- g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- ☒ Not applicable: results of analysis did not indicate a need for such efforts
☐ List (any applicable) developments below:

B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

(1) Eligibility

- a. What is the extent of screening conducted by the PHA? (select all that apply)
- ☐ Criminal or drug-related activity only to the extent required by law or regulation
☒ Criminal and drug-related activity, more extensively than required by law or regulation
☐ More general screening than criminal and drug-related activity (list factors below)
☐ Other (list below)
- b. ☐ Yes ☒ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- ☐ Criminal or drug-related activity
☒ Other (describe below)
NIRHA will provide prospective landlords with the family's current and prior addresses and the names and addresses of the landlords for those addresses. Upon request, NIRHA may also supply any factual information or third party verification relating to the applicant's history.

(2) Waiting List Organization

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

- ☒ None
☐ Federal public housing
☐ Federal moderate rehabilitation
☐ Federal project-based certificate program
☐ Other federal or local program (list below)

- b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

- ☒ PHA main administrative office
☒ Other (list below)

Parties may request an application be sent to them via the website.

(3) Search Time

- a. ☒ Yes ☐ No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

NIRHA may grant one or more extensions of the terms, but the initial term plus any extensions will never exceed 120 calendar days from the initial date of issuance. To obtain an extension, the family must make a request by contacting NIRHA staff prior to the expiration date on the voucher. If the family has documented reasonable attempts to locate an appropriate unit and additional time can be reasonably expected to result in success, NIRHA will grant the length of request sought by the family, or sixty (60) days, whichever is less.

(4) Admissions Preferences

- a. Income targeting

- ☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

- b. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**.)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☐ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☒ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

2 Date and Time

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families

- ☒ 1 Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- ☒ Date and time of application
- ☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

- ☒ This preference has previously been reviewed and approved by HUD
- ☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- ☐ The PHA applies preferences within income tiers
- ☒ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Special Purpose Section 8 Assistance Programs

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- ☐ The Section 8 Administrative Plan
- ☐ Briefing sessions and written materials
- ☐ Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- ☐ Through published notices
- ☐ Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

(1) Income Based Rent Policies

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

- ☐ The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- ☒ The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0
☒ \$1-\$25
☐ \$26-\$50

2. ☒ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

- a) Family has lost eligibility for, or is awaiting an eligibility determination from a federal, state, or local assistance program
- b) Family would be evicted as a result of the implementation of the minimum rent
- c) Income of the family has decreased because of changed circumstances, including loss of employment
- d) Death in the family has occurred which affects the family circumstances
- e) Other circumstances which may be decided by the HA on a case-by-case basis.

c. Rents set at less than 30% than adjusted income

1. ☐ Yes ☒ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- ☐ For the earned income of a previously unemployed household member
- ☐ For increases in earned income
- ☐ Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

- ☐ Fixed percentage (other than general rent-setting policy)
If yes, state percentage/s and circumstances below:

- ☐ For household heads
- ☐ For other family members
- ☐ For transportation expenses
- ☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families
- ☐ Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- ☒ Yes for all developments
- ☐ Yes but only for some developments
- ☐ No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- ☒ For all developments
- ☐ For all general occupancy developments (not elderly or disabled or elderly only)
- ☐ For specified general occupancy developments
- ☐ For certain parts of developments; e.g., the high-rise portion
- ☐ For certain size units; e.g., larger bedroom sizes
- ☐ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- ☒ Market comparability study
- ☐ Fair market rents (FMR)
- ☐ 95th percentile rents

- ☐ 75 percent of operating costs
- ☐ 100 percent of operating costs for general occupancy (family) developments
- ☐ Operating costs plus debt service
- ☐ The "rental value" of the unit
- ☐ Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)
 - ☐ Never
 - ☐ At family option
 - ☒ Any time the family experiences an income increase
 - ☐ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_____
 - ☒ Other (list below)
 - Any time family experiences change of family composition and/or income.

- g. ☐ Yes ☒ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

(2) Flat Rents

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)
 - ☒ The section 8 rent reasonableness study of comparable housing
 - ☐ Survey of rents listed in local newspaper
 - ☐ Survey of similar unassisted units in the neighborhood
 - ☒ Other (list/describe below)
 - Published FMRs

B. Section 8 Tenant-Based Assistance

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

(1) Payment Standards

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- ☐ At or above 90% but below 100% of FMR
- ☐ 100% of FMR
- ☒ Above 100% but at or below 110% of FMR
- ☐ Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- ☐ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ The PHA has chosen to serve additional families by lowering the payment standard
- ☐ Reflects market or submarket
- ☐ Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- ☐ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ Reflects market or submarket
- ☒ To increase housing options for families
- ☐ Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- ☒ Annually
- ☒ Other (list below)
When necessary to extend limited housing assistant payment funds.

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- ☒ Success rates of assisted families
- ☒ Rent burdens of assisted families
- ☒ Other (list below)
Financial obligations to landlords and tenants when funds are limited or appear to be decreasing.

(2) Minimum Rent

a. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0
☒ \$1-\$25
☐ \$26-\$50

b. ☒ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

- a) Family has lost eligibility for, or is awaiting an eligibility determination from a federal, state, or local assistance program
- b) Family would be evicted as a result of the implementation of the minimum rent
- c) Income of the family has decreased because of changed circumstances, including loss of employment
- d) Death in the family has occurred which affects the family circumstances
- e) Other circumstances which may be decided by the HA on a case-by-case basis.

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

- ☒ An organization chart showing the PHA's management structure and organization is attached.
- ☐ A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	115	36
Section 8 Vouchers	315	84
Section 8 Certificates	NA	NA
Section 8 Mod Rehab	NA	NA
Special Purpose Section 8 Certificates/Vouchers (list individually)	NA	NA

Public Housing Drug Elimination Program (PHDEP)	NA	NA
Other Federal Programs(list individually)	NA	NA

C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

Maintenance Policy
Maintenance Charges List
Pest control Policy
Admissions and Continued Occupancy (ACOP)
Procurement Policy

(2) Section 8 Management: (list below)

Housing Quality Standards guidebook
Section 8 Administrative Plan

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

A. Public Housing

1. ☐ Yes ☒ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- ☒ PHA main administrative office
☐ PHA development management offices
☐ Other (list below)

B. Section 8 Tenant-Based Assistance

1. ☐ Yes ☒ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- ☒ PHA main administrative office
☐ Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

A. Capital Fund Activities

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

(1) Capital Fund Program Annual Statement

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

- ☐ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name)

-or-

- ☒ The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

PHA Plan Table Library

Component 7 Capital Fund Program Annual Statement Parts I, II, and II

Annual Statement Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number IA05P127501-08 FFY of Grant Approval: 2008

☐ Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	165,729
3	1408 Management Improvements	
4	1410 Administration	
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	Amount of Annual Grant (Sum of lines 2-19)	165,729
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	50,000

Annual Statement**Capital Fund Program (CFP) Part II: Supporting Table**

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
127-001 Algona	Roof, windows, siding	1406	165,729

Annual Statement**Capital Fund Program (CFP) Part III: Implementation Schedule**

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)
127-001 Algona	06/30/2008	

(2) Optional 5-Year Action Plan

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a. ☒ Yes ☐ No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

☐ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name

-or-

☒ The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHA Name: North Iowa Regional Housing Authority	Grant Type and Number Capital Fund Program Grant No: IA12705P0107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007
---	---	-------------------------------------

☒ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	169,277.00			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	169,277.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security –Soft Costs				
25	Amount of Line 21 related to Security-- Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	100,000.00			
27	Collateralization Expenses or Debt Service				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

[illegible]

[illegible]

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
PHA Wide			
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Administration/Operations – truck, sidewalk repairs, playground, computers, floor covering		161,000	2009
Administration/Operations – sidewalk repairs, playground, appliances, storm doors		161,000	2010
Administration/Operations – sidewalk repairs, playground, appliances, furnaces		165,000	2011
Administration/Operations – playground, appliances, furnaces, floor coverings		168,000	2012
Total estimated cost over next 5 years			

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
127-001	Maplewood Apartments – Algona	0	0%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Roof, windows, siding			121,729	2008
Total estimated cost over next 5 years			121,729	

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
127-004	Heritage Place - Hampton	0	0%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Elevator upgrade – jack replacement			44,000	2008
Total estimated cost over next 5 years			44,000	

Optional Public Housing Asset Management Table

See Technical Guidance for instructions on the use of this table, including information to be provided.

Public Housing Asset Management								
Development Identification		Activity Description						
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III <i>Component 7a</i>	Development Activities <i>Component 7b</i>	Demolition / disposition <i>Component 8</i>	Designated housing <i>Component 9</i>	Conversion <i>Component 10</i>	Home- ownership <i>Component 11a</i>	Other (describe) <i>Component 17</i>

B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

- ☐ Yes ☒ No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
- b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
 - ☐ Revitalization Plan under development
 - ☐ Revitalization Plan submitted, pending approval
 - ☐ Revitalization Plan approved
 - ☐ Activities pursuant to an approved Revitalization Plan underway

- ☐ Yes ☒ No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?
- If yes, list development name/s below:

- ☐ Yes ☒ No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?
- If yes, list developments or activities below:

- ☐ Yes ☒ No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
- If yes, list developments or activities below:

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No",

skip to component 9; if “yes”, complete one activity description for each development.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

Demolition/Disposition Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/>	
Disposition <input type="checkbox"/>	
3. Application status (select one)	
Approved <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	
7. Timeline for activity:	
a. Actual or projected start date of activity:	
b. Projected end date of activity:	

9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming

fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

Designation of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA’s Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act

1. ☐ Yes ☒ No: Have any of the PHA’s developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If “No”, skip to component 11; if “yes”, complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs

completing streamlined submissions may skip to component 11.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 11. If “No”, complete the Activity Description table below.

Conversion of Public Housing Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment?	<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No:	Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status)	<input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)	<input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved:) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)

B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937

C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. ☐ Yes ☒ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: 1b. Development (project) number:
2. Federal Program authority: <input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected:

6. Coverage of action: (select one)

- ☐ Part of the development
☐ Total development

B. Section 8 Tenant Based Assistance

1. ☒ Yes ☐ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

- ☒ Yes ☐ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- ☒ 25 or fewer participants
☐ 26 - 50 participants
☐ 51 to 100 participants
☐ more than 100 participants

b. PHA-established eligibility criteria

- ☐ Yes ☒ No: Will the PHA’s program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (I)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

- ☐ Yes ☒ No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive

services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- ☒ Client referrals
- ☒ Information sharing regarding mutual clients (for rent determinations and otherwise)
- ☐ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- ☐ Jointly administer programs
- ☐ Partner to administer a HUD Welfare-to-Work voucher program
- ☐ Joint administration of other demonstration program
- ☐ Other (describe)

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- ☐ Public housing rent determination policies
- ☐ Public housing admissions policies
- ☐ Section 8 admissions policies
- ☐ Preference in admission to section 8 for certain public housing families
- ☐ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- ☐ Preference/eligibility for public housing homeownership option participation
- ☐ Preference/eligibility for section 8 homeownership option participation
- ☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

- ☐ Yes ☒ No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self

Sufficiency Programs. The position of the table may be altered to facilitate its use.)

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2005 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

- b. ☐ Yes ☐ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?
If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
- ☒ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
 - ☒ Informing residents of new policy on admission and reexamination
 - ☒ Actively notifying residents of new policy at times in addition to admission and reexamination.
 - ☐ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services

- ☐ Establishing a protocol for exchange of information with all appropriate TANF agencies
- ☐ Other: (list below)

D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

A. Need for measures to ensure the safety of public housing residents

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- ☐ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- ☐ High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- ☐ Residents fearful for their safety and/or the safety of their children
- ☐ Observed lower-level crime, vandalism and/or graffiti
- ☐ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- ☐ Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- ☐ Safety and security survey of residents
- ☒ Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- ☒ Analysis of cost trends over time for repair of vandalism and removal of graffiti
- ☒ Resident reports
- ☒ PHA employee reports
- ☒ Police reports
- ☐ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- ☐ Other (describe below)

3. Which developments are most affected? (list below)

None. We have not received any statements or reports that indicate safety (or lack of) is a concern at our properties.

B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- ☐ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- ☐ Crime Prevention Through Environmental Design
- ☐ Activities targeted to at-risk youth, adults, or seniors
- ☐ Volunteer Resident Patrol/Block Watchers Program
- ☐ Other (describe below)

2. Which developments are most affected? (list below)

C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- ☐ Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- ☒ Police provide crime data to housing authority staff for analysis and action
- ☐ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- ☐ Police regularly testify in and otherwise support eviction cases
- ☐ Police regularly meet with the PHA management and residents
- ☐ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- ☒ Other activities (list below)
Regular telephone conversations and follow-up with police departments when a situation arises.

2. Which developments are most affected? (list below)

ALL

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2005 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

- ☐ Yes ☒ No: Has the PHA included the PHDEP Plan for FY 2005 in this PHA Plan?
- ☐ Yes ☒ No: This PHDEP Plan is an Attachment. (Attachment Filename: ____)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

SEE ATTACHMENT D

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?
(If no, skip to component 17.)
2. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
3. ☒ Yes ☐ No: Were there any findings as the result of that audit?
4. ☐ Yes ☒ No: If there were any findings, do any remain unresolved?
If yes, how many unresolved findings remain? ____
5. ☐ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD?
If not, when are they due (state below)?

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1. ☐ Yes ☒ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?

2. What types of asset management activities will the PHA undertake? (select all that apply)

- ☒ Not applicable
- ☐ Private management
- ☐ Development-based accounting
- ☐ Comprehensive stock assessment
- ☐ Other: (list below)

3. ☐ Yes ☐ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
- ☐ Attached at Attachment (File name)
 - ☐ Provided below:
3. In what manner did the PHA address those comments? (select all that apply)
- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary.
 - ☐ The PHA changed portions of the PHA Plan in response to comments
List changes below:
 - ☒ Other: (list below) Policy changes/revisions were discussed at the RAB meetings and participants were allowed to comment on proposed changes. Their input was considered and did impact the final decision of some of the policies.

B. Description of Election process for Residents on the PHA Board

1. ☒ Yes ☐ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
2. ☐ Yes ☐ No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

a. Nomination of candidates for place on the ballot: (select all that apply)

- ☐ Candidates were nominated by resident and assisted family organizations
- ☐ Candidates could be nominated by any adult recipient of PHA assistance
- ☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot
- ☐ Other: (describe)

b. Eligible candidates: (select one)

- ☐ Any recipient of PHA assistance
- ☐ Any head of household receiving PHA assistance
- ☐ Any adult recipient of PHA assistance
- ☐ Any adult member of a resident or assisted family organization
- ☐ Other (list)

c. Eligible voters: (select all that apply)

- ☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- ☐ Representatives of all PHA resident and assisted family organizations
- ☐ Other (list)

C. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here) State of Iowa 2005
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☒ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
 1. Provide affordable housing to rent burdened low income families
 2. Provide safe and decent housing.
 3. Provide lead-free housing.
 4. Provide reasonable utility allowances to reduce rent burden.
 5. Pursue homeownership opportunities.
- ☐ Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The expressed desire to provide safe, decent and affordable housing not just to higher income families, but also to homeless and low income families. This includes providing supportive services to achieve that measure.

D. Other Information Required by HUD

Use this section to provide any additional information requested by HUD.

In accordance with Section 603 of the Violence Against Women's Act of 2005 (VAWA), NIRHA has provided a copy of a brochure we have prepared (**ATTACHMENT F**) to all Section 8 landlords advising them of their obligations to assistance families who are victims of violence.

Section 8 participants and public housing residents have been provided the brochure so they are informed of their protected rights under the Act. Additionally, staff reviews the brochure during the Section 8 briefings and at initial lease up of public housing residents.

NIRHA staff is committed to assisting families who are victims of violence and offer referrals where families may receive counseling or other services. Services may include legal aid, women's shelter, medical treatment, police protection, child care, etc.

It is our intent that anyone who contacts our office and informs us that they are in a violent situation will be informed of options that are available to them.

NIRHA does not intend to implement a project based Section 8 program.

Attachments

Use this section to provide any additional attachments referenced in the Plans.

form HUD 50075 (03/2006)

Operating Budget

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

CMS Approval No. 2017-0026 (exp. 03/2026)

See page four for instructions and the Public reporting burden statement.

1. Type of Institution		2. Fiscal Year Ending		3. HUD Project Check One		4. Type of HUD assisted project	
<input checked="" type="checkbox"/> Other		09-20-09		<input checked="" type="checkbox"/> 12 mo		01 <input checked="" type="checkbox"/> PHA/PIA Owned Family Housing	
5. Name of Public Housing Agency/Indian Housing Authority (PHA/PIA)		6. PHA/PIA Project No.		7. HUD Fund Code		02 <input type="checkbox"/> IHA Owned Mutual Help Homeownership	
North Iowa Regional Housing Authority		IA127001005				03 <input type="checkbox"/> PHA/PIA Leased Rental Housing	
8. Address (City, State, Zip code)		9. US. of Projects				04 <input type="checkbox"/> PHA/PIA Owned Turkey Hill Homeownership	
202 First St SE, Suite 203		1				05 <input type="checkbox"/> PHA/PIA Leased Homeownership	
Mason City, IA 50401							
10. APP Number		11. HUD Project No.					
KC-9173		IA127001005					
12. US. of Units		13. US. of Projects					
121		1					

Line No.	Acct. No.	Description	Actuals Last Fiscal Yr. (1)	Yr. Extension or Actual Current Budget Yr. 12 2007 (2)	Requested Budget Estimates	
					PHA/PIA Estimate (3)	HUD Modification Amount (to nearest \$10) (4)
Homebuyers Monthly Payments for						
010	7710	Operating Expense				
020	7710	Canceled Home Payments				
030	7714	Nonrecourse Maintenance Reserve				
040	Total: Break-Even Amount (sum of lines 010, 020, and 030)					
050	7710	Expense (or deficit) in break-even				
060	7750	Homebuyers Monthly Payments - Other				
Operating Receipts						
070	3110	Resident Rental	93.54	68.52	75.70	109,310
080	3120	Expense Reduction	.00	.06	.32	130
090	3130	Rooming Rental	2.64	2.78	2.98	4,320
100	Total Rental Income (sum of lines 070, 080, and 090)					
110	3510	Interest on General Fund Investments	4.47	15.00	7.59	11,000
120	3600	Other Income	8.24	13.44	10.33	15,000
130	Total Operating Income (sum of lines 100, 110, and 120)					
Operating Expenditures - Administration						
140	4110	Administrative Salaries	69.84	67.16	68.65	53,880
150	4130	Legal Expense	7.04	.39	.40	580
160	4140	Staff Expenses	7.84	.49	.56	810
170	4150	Travel	.54	.40	.76	1,110
180	4170	Accounting Fees	1.62	.47	.00	.0
190	4171	Auditing Fees	3.22	2.94	3.25	4,660
200	4180	Other Administrative Expenses	11.81	14.83	15.97	23,190
210	Total Administrative Expense (sum of line 140 thru line 200)					
Tenant Services						
220	4210	Repairs	.00	.00	.00	.0
230	4220	Recreation, Publications and Other Services	.00	.03	.11	160
240	4230	Contract Costs, Training and Other	1.37	3.42	3.76	4,730
250	Total Tenant Services Expense (sum of lines 220, 230, and 240)					
Utilities						
260	4310	Water	2.76	2.44	2.44	3,550
270	4320	Electricity	8.36	8.6	8.60	9,580
280	4330	Gas	10.96	11.38	11.38	18,530
290	4340	Phone	.00	.00	.00	.0
300	4350	Other	.00	.00	.00	.0
310	4380	Other utilities expense	3.44	3.20	3.20	4,840
320	Total Utilities Expense (sum of line 260 thru line 310)					

Summary HUD-50075

North Iowa Regional Housing Authority

Fiscal Year Ending

09-30-08

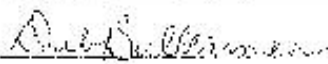
Line No.	Acct. No.	Description	Actuals	Estimates	Requested Budget/Expenses			
			Last Fiscal Yr. 2006 FUM (2)	or Actual Current Budget Yr. 08 2007 PLW (3)	FILM/HIA Estimate FUM (4)	Amount (corrected \$'s) (5)	HUD Modifications PLW (6)	Amount (to nearest \$10) (7)
Ordinary Maintenance and Operation								
330	4410	Labor	38,97	34,45	33,86	49,170		
340	4420	Materials	18,96	16,81	16,87	24,500		
350	4430	Contract Costs	36,87	59,63	34,44	50,000		
360		Total Ordinary Maintenance & Operation Expenses (sum of lines 330 to 350)	93,79	90,89	85,17	123,670		
Protective Services								
370	4460	Labor						
380	4470	Materials						
390	4480	Contract costs						
400		Total Protective Services Expenses (sum of lines 370 to 390)						
General Expenses								
410	4510	Insurance	11,90	17,58	13,77	20,000		
420	4520	Payments in Lieu of Taxes	8,87	4,49	5,21	7,500		
430	4530	Tenants' Lease Payments	00	33	00	0		
440	4540	Employee Benefit Contributions	28,36	19,83	19,59	28,440		
450	4550	Confession Losses	7,22	3,24	1,72	2,500		
460	4560	Other General Expenses	00	05	1,27	1,750		
470		Total General Expenses (sum of lines 410 to 460)	52,43	42,40	41,49	60,250		
480		Total Routine Expenses (sum of lines 310, 320, 330, 340, 430, and 470)	263,45	247,12	243,35	353,340		
Rent for Leased Dwellings								
490	4710	Rent to Owners of Leased Dwellings						
500		Total Operating Expenses (sum of lines 480 and 490)	263,45	247,12	243,35	353,340		
Nonroutine Expenditures								
510	4810	Extraordinary Maintenance						
520	7520	Replacement of Nonexpendable Equipment						
530	7510	Property Betterments and Additions						
540		Total Nonroutine Expenditures (sum of lines 510, 520, and 530)						
550		Total Operating Expenditures (sum of lines 500 and 540)	263,45	247,12	243,35	353,340		
Prior Year Adjustments								
560	6010	Prior Year Adjustments Affecting Operating Receipts						
Other Expenditures								
570		Deficiency in Residual Receipts of End of Preceding Fiscal Yr.						
580		Total Operating Expenditures, including prior year adjustments and other expenditures (line 550 plus or minus line 560 plus or minus line 570)	263,45	247,12	243,35	353,340		
590		Residual Receipts (or Deficit) under HUD Contributions and provision for operating reserve (line 580 minus line 580)	(154,50)	(142,31)	(148,50)	(212,930)		
HUD Contributions								
600	6010	Basic Annual Contribution Earned - Leased Projects - Current Year						
610	6011	Prior Year Adjustments - (Debit) Credit						
620		Total Basic Annual Contribution (line 600 plus or minus line 610)						
630	6320	Contributions Earned - Op. Bu. - Cur. Yr. (before year-end adj.)	144,40	150,23	148,67	212,930		
640		Mandatory PHS Adjustments (if any)						
650		Other (specify)						
660		Total Year-end Adjustments (other plus or minus line 640 plus or minus 650)						
670	6012	Total Operating Receipts (current year) (line 630 plus or minus line 660)	144,40	150,23	148,67	212,930		
680		Total HUD Contributions (sum of lines 620 and 670)	144,40	150,23	148,67	212,930		
690		Residual Receipts (or Deficit) (sum of line 590 plus line 680)	(119,15)	7,91	102	30		

Name of PHA / IHA North Iowa Regional Housing Authority	Fiscal Year Ending 9/30/06
--	-------------------------------

	Operating Reserve	PHA/IHA Estimates	FUD Modifications
Part I - Maximum Operating Reserve - End of Current Budget Year			
700 PHA/IHA-Leased Housing - Section 23 or 16(a)			
50% of Line 600, col. 1, 5, 6 and HUD-40 and			

Part II - Provision for and Estimated Actual Operating Reserve at Fiscal Year End			
700 Operating Reserve at End of Previous Fiscal Year - Actual for FYE (amt) 2005		6,540,550	
701 Provision for Operating Reserve - Current Budget Year (amount only)			
<input type="checkbox"/> Estimated for FYE			
<input type="checkbox"/> Actual for FYE		11,490	
800 Operating Reserve at End of Current Budget Year (check amt)			
<input checked="" type="checkbox"/> Estimated for FYE			
<input type="checkbox"/> Actual for FYE		6,552,040	
801 Provision for Operating Reserve - Re-estimated Budget Year Ending End of FYE			
Enter Amount in col line 700		30	
802 Operating Reserve at End of Re-estimated Budget Year Ending end of FYE			
(Sum of lines 800 and 801)		4,532,070	
803 Other Reserve Requirement - % of line 800			

Comments

PHA/IHA Approval	Name	Debra Dillenmann	Date	09-18-07
	Title	Executive Director		
	Signature			
Held Office Approval	Name		Date	
	Title			
	Signature			

ATTACHMENT B

List of Resident Advisory Board Members

Section 8

Shirleen Julson (representing Kester Robinson)
Carolyn Loftaas
Sarah Miller
Glenna Putney
Helen Roths
Marcella Thomas
Barbara Wolf

Public Housing

Thomas Hall
Delores Henigar
Mary Kamish

Staff Members

Deb Bullerman
Karri Gansen
Peg Kleve
Ragina Kroemer
Karen Meyer
Carmen Seaton-Bartunek
Carol Story

ATTACHMENT C

PHA Community Service and Self-sufficiency Programs

12.0 COMMUNITY SERVICE AND ECONOMIC SELF-SUFFICIENCY

12.1 OVERVIEW

The Quality Housing and Work Responsibility Act of 1998 requires that all non-exempt public housing adult residents (18 or older) contribute eight hours per month of community service (volunteer work) or participate in eight hours of training, counseling, classes or other activities that help an individual toward self sufficiency and economic independence. This is a requirement of the Public Housing Lease.

12.2 DEFINITIONS

Community Service – volunteer work which includes, but is not limited to:

- Work at a local public or non-profit institution, including but not limited to: school, Head Start, other before or after school program, child care center, hospital, clinic, hospice, nursing home, recreation center, senior center, adult day care program, homeless shelter, feeding program, food bank (distributing either donated or commodity foods), or clothes closet (distributing donated clothing), etc.;
- Work with any program funded under the Older Americans Act, including but not limited to: Green Thumb, Service Corps of Retired Executives, Senior meals programs, Senior Center, Meals on Wheels, Foster Grandparent Program, etc.;
- Work with any other public or non-profit youth or senior organization;
- Work as a member of the Resident Advisory Committee;
- Work at the Authority to help improve physical conditions (for example as a floor, grounds or building captain);
- Working through a resident organization to help other residents with problems, serving as an officer in a Resident Organization, serving on the Resident Advisor Board; and
- Caring for the children of other residents so they may volunteer.

NOTE: Political activity is excluded.

Eligible Self-Sufficiency Activities – activities that include, but are not limited to:

- Job training programs;
- Skills training programs;
- Full time status at any school, college or vocational school;
- GED classes;
- Any kind of class that helps a person toward economic independence;
- Apprenticeships (formal or informal);
- Substance abuse or mental health counseling;
- English proficiency or literacy (reading) classes;
- English as a second language classes;

- Budgeting and credit counseling; and
- Carrying out any activity required by the Department of Public Assistance as part of welfare reform.

12.3 EXEMPT RESIDENTS – an adult member of the family who

- Is 62 years of age or older;
- Has a disability that prevents him/her from being gainfully employed;
- Is a caretaker for a disabled person;
- Is working at least 32 hours per week;
- Certified as exempt from work activities under a State Program as stated by the Social Security Act or any other welfare state program; and
- Members of a family receiving benefits from a State Welfare Program in compliance with the program's requirements.

12.4 REQUIREMENTS OF THE PROGRAM

1. The eight hours per month may be either volunteer work or self sufficiency program activity, or a combination of both.
2. At least eight hours of activity must be performed each month. An individual may not skip a month and then double up the following month, unless special circumstances warrant special consideration (weather conditions, health matters, etc.). The Authority will make the determination of whether to allow or disallow a deviation from the schedule.
3. Activities must be performed within the community and not outside jurisdiction area of the Authority.

12.5 FAMILY OBLIGATIONS

1. At lease execution or re-examination after the effective date of the adopted policy, all adult members (18 or older) of a public housing resident family must:
 - Provide documentation that they are exempt from Community Service requirements if they qualify for an exemption; and
 - Sign a certification that they have received and read this policy and understand that if they are not exempt, failure to comply with the Community Service requirements will result in non-renewal of their lease.
2. At each annual re-examination, non-exempt family members must present a completed documentation form (provided by the Authority) of activities performed over the previous twelve (12) months. This form will include places for signatures of supervisors, instructors, or counselors certifying to the number of hours contributed.
3. If a family member is found to be noncompliant at re-examination, the member and the Head of Household will sign an agreement with the Authority to make up the deficient hours over the next twelve month period.

12.6 AUTHORITY OBLIGATIONS

1. To the greatest extent possible and practicable, the Authority will:
 - Provide names and contacts at agencies that can provide opportunities for residents, including disabled, to fulfill their Community Service obligations. (According to the Quality Housing and Work Responsibility Act, a disabled person who is otherwise able to be gainfully employed is not necessarily exempt from the Community Service requirement); and
2. The Authority must provide the family with exemption verification forms, Recording/Certification documentation forms, and a copy of this policy at initial application and at lease execution.
3. The Authority will make the final determination whether or not a family member is exempt from the Community Service requirement. Residents may use the Authority's Grievance Procedure if they disagree with the Authority's determination.

12.7 NONCOMPLIANT RESIDENTS

1. At least thirty days prior to annual reexamination and/or lease expiration, the Authority must begin reviewing the exempt or non-exempt status and compliance of family members.
2. If the Authority finds a family member to be noncompliant, the Authority must enter into an agreement with the noncompliant member and the Head of Household to make up the deficient hours over the next twelve (12) month period.
3. If, at the next annual re-examination, the family member still is not compliant, the Authority is not permitted to renew the lease and the entire family will have to vacate, unless the noncompliant member agrees to move out of the unit.
4. The family may use the Authority's Grievance Procedure to protest the lease termination.

12.8 CHANGE IN EXEMPT STATUS

1. When an adult resident's exempt status changes during the year:
 - If, during the twelve-month period, a non-exempt person becomes exempt, it is his/her responsibility to report this to the Authority and provide documentation.
 - If, during the twelve-month period, an exempt person becomes non-exempt, it is his/her responsibility to report this to the Authority. The Authority will provide the person with the Recording/Certification documentation form and a list of agencies in the community that provide volunteer and/or training opportunities.

12.9 NO SUBSTITUTION OF COMMUNITY SERVICE WORKERS FOR PHA EMPLOYEES

No PHA may substitute any community service activity performed by a resident for work ordinarily performed by a PHA employee.

ATTACHMENT D

PET POLICY

Note: The North Iowa Regional Housing Authority is providing the following Pet Policy to the Public Housing Residents in accordance with the requirements of Section 31 of the 1937 Act (42 U.S.C. 1437a-3), and the Quality Housing and Work Responsibility Act of October 12, 1998. This specific requirement for a Pet Policy is found as 24 CFR 960.701 – 707, Final Rule, dated August 9, 2000, with an effective date of October 1, 2001.

A. GENERAL

The North Iowa Regional Housing Authority (NIRHA) shall not discriminate against persons in connection with Admission to or Continued Occupancy of those Public Housing Residents who qualify for pet ownership under Part 5, Subpart C. Section 5.300-5.380, and Part 960, Subpart G. 960.701-960.707 of the Quality Housing and Work Responsibility Act (aka the Housing Act) of 1998. All Residents who are eligible under the aforementioned Parts 5 and 960, Sections 5.300-5.380 and 960.701-960.707 respectively may keep a common household pet in housing owned and operated by the Housing Authority, and shall demonstrate that they have the physical and financial capability to care for the pet.

B. EXCLUSIONS FROM THIS PET POLICY FOR ANIMALS THAT ASSIST PERSONS WITH SPECIFIC DISABILITIES

1. This Policy does not apply to animals that are used to assist persons with disabilities. “Assistive” animals are allowed in all Public Housing facilities with no restrictions other than those imposed on all Participants to maintain their units and associated facilities in a decent, safe, and sanitary manner and to refrain from disturbing their neighbors. The Housing Authority must grant this exclusion if the following is provided:
 - a. The Resident or prospective Resident certifies in writing that the Resident or a member of his or her family is a person with a specific disability that would require an assistive animal;
 - b. The animal has been trained to assist persons with that specific disability (example: seeing eye dog, hearing trained); and
 - c. The animal actually assists the person with a disability
2. Nothing in this Policy limits or impairs the rights of persons with disabilities.

C. RESIDENTS OWNING PETS

1. APPROVAL

Prior to housing any pet(s) on the premises governed by the NIRHA, the Resident shall apply to the management for a Pet Permit (Authorization for Pet Ownership) that must be fully completed before the Housing Authority will approve the request. The request for approval of pet ownership must be accompanied by the following:

- a. The identity of an alternate custodian for the pet in the event of Resident illness, death or other absence from the dwelling unit. The Resident must identify an alternate custodian must occur prior to the Housing Authority management issuing a pet registration permit; and
- b. A current license issued by the appropriate authority, if applicable
- c. A sign indicating that a pet is in occupancy. The sign, supplied by the Housing Authority must be prominently displayed in a front window of the residence.
- d. Evidence the pet has received current inoculations for rabies and distemper, as applicable, and other conditions prescribed by local ordinances.

2. PET DEPOSIT

- a. Pet owners of a cat, dog or rabbit will pay a Pet Security Deposit of Two Hundred Dollars (\$200.00) for each animal at the time of registering the cat, dog or rabbit. This Pet Security Deposit will be refunded when the pet or the family vacate the unit, less any amounts owed due to specific "pet-related" damage. Pet-related damage can include but not be limited to insect infestation, odor, destruction of carpet, draperies, floor covering. (The Pet Deposit is in addition to the Security/Damage Deposit required for the unit.)
- b. A Resident with a hamster, gerbil, or bird in cage will pay a lesser Pet Deposit of Seventy-Five Dollars (\$75.00) each pet that will be refunded according to provisions in Item a, above, of this Section.
- c. Fish in aquarium and/or a miniature turtle will not require a pet deposit, although the Resident must declare the fact there is a miniature turtle, or fish in an aquarium. A Resident with an aquarium must take care that the aquarium water does not overflow and/or that the aquarium does not break, causing water damage to the unit.

3. TYPES AND NUMBER OF PETS

- a. The North Iowa Regional Housing Authority will allow only common household pets in the unit or on the premises of the Public Housing project. This means only domesticated animals such as dogs, cats, birds, rabbits, gerbils, hamsters, turtles or fish in aquariums will be allowed. Reptiles (except miniature turtles) are not considered common household pets.
- b. No person shall keep, shelter or harbor at a Public Housing site any “vicious” or “dangerous” dog or other dangerous animal as a pet, or act as a custodian for such animal, temporarily or otherwise, or keep such animal for any other purpose or in any other capacity.
 - i. This includes but is not limited to ownership of non-domesticated animals or animals that are not naturally tame or gentle or that are capable of killing, inflicting serious injury or causing disease. Such animals can also be, but are not limited to, any animal deemed to be potentially harmful to the health or safety of others by State or local law, and other vicious and/or intimidating animals.
 - ii. For purposes here, a “vicious” animal (which can pertain to domestic animals) is an animal that has attacked or bitten a person without provocation or has exhibited vicious tendencies, the definition in the State or local Code for “attack” and “vicious” animal shall prevail. If any part of this Section conflicts with State or local law or regulation, the State or local law or regulation shall govern.
- c. No more than two (2) animals per unit will be allowed.

4. INOCULATIONS AND LICENSE

In order to register a pet, the pet must be appropriately inoculated against rabies, distemper and other conditions prescribed by State and/or local ordinances. The pet/owner must also comply with all other State and local public health, animal control, and anti-cruelty laws that require licensing. A certification signed by a licensed veterinarian or State/local official shall be annually filed with NIRHA to attest to the inoculations. As follows:

- a. Dogs and cats must be licensed yearly with the City Clerk’s office in the city where the Resident lives. Residents must annually show proof of rabies, distemper and/or other booster inoculations in a timeframe determined by pet’s breed and/or State or local law.
- b. All cats and dogs must wear a vet’s tag signifying number and date of the latest rabies inoculation.

5. FINANCIAL OBLIGATION OF RESIDENT

- a. Any Resident who owns or keeps a pet in their dwelling unit will be required to pay for any damages caused by the pet, including (but not limited to) the cost of cleaning carpets and draperies and/or replacement of doors, cupboards or floor covering, and similar items.
- b. The pet's owner and/or owner representative will be financially responsible for fumigation and/or other disposal of any pet-related insect and/or other infestation in the pet owner's unit. The North Iowa Regional Housing Authority reserves the right to exterminate and charge the Resident.

6. NUISANCE OR THREAT TO HEALTH OR SAFETY

- a. It shall be the duty of the owner or the designated pet representative of any dog, cat or other allowed animal on the premises of the Housing Authority that has bitten or attacked a person, or any person having knowledge of such bite or attack, to immediately report this act to the Housing Authority and to a local health or law enforcement official.
- b. The pet and its living quarters must be maintained in a manner to prevent odors and any other unsanitary conditions in the owner's unit and surrounding areas.
- c. Repeated, verified complaints by neighbors to North Iowa Regional Housing Authority personnel regarding pets disturbing the peace of neighbors through noise, odor, animal waste, or other nuisance will result in the owner having to remove the pet or remove him/herself from the premises.
- d. It is expected that anyone who has a complaint about a pet that disturbs the peaceful enjoyment of the Public Housing neighborhood by running loose, or with barking or other noise nuisances, will first call the Housing Authority to help the HA resolve the situation with the Pet Owner without involving law enforcement.
- e. Residents shall not permit their pet to cause serious annoyance or disturbance, or to interfere with or diminish the peaceful enjoyment of other Residents by frequent and habitual chirping, howling, yowling, yelping, barking, biting, scratching, and other comparable activities; or by running after or chasing persons, bicycles, automobiles or other vehicles, or other forms of mobility.
 - i. Pets that make noise continuously and/or incessantly to the disturbance of any person at any time of day or night shall be considered a nuisance.

- ii. Complaints of disturbances of this nature shall constitute a violation of the Lease and may result in the revocation of the Pet Permit, termination of the Lease agreement, or both.
- f. The North Iowa Regional Housing Authority reserves the right to require the removal of a pet whose conduct or condition is duly determined to constitute a nuisance or health or safety hazard for the occupant of the housing project, the Housing Authority, or the community.

7. DESIGNATION OF PET AREAS

- a. Except when outside for exercise and/or to take care of its personal needs, dogs and cats shall remain inside the Resident's unit at all times. When the pet is outside it must be on a leash and be controlled by the adult owner or designated adult representative.
- b. Any pet owner or pet owner representative will be considered in violation of this Pet Policy who permits his/her dog to dig holes at the housing project or to otherwise destroy Housing Authority property.
- c. Residents shall not alter their unit, patio or unit area in order to create an enclosure for any pet.
- d. No outdoor cages or animal houses may be constructed on the premises.
- e. Pets will be allowed only in specific areas on the grounds of the project. In most cases, the designated area will be the patio and/or yard area directly behind the Resident's apartment. Pet owners must immediately clean up after their pets, and are responsible for disposing of pet waste. Because of the different layouts of the Public Housing sites, Housing Authority personnel will let the Pet Owner know where the pet area is for the town where the Resident lives.
- f. With the exception of assistive animals no pets shall be allowed in the hallways, lobby areas, laundry areas, community rooms, common rooms, or other common areas.
- g. To accommodate Residents who have medically certified allergic or phobic reactions to dogs, cats, or other pets, those pets may be barred from certain floors in the development(s) and/or (building(s)). This shall be implemented based on demand for this service.

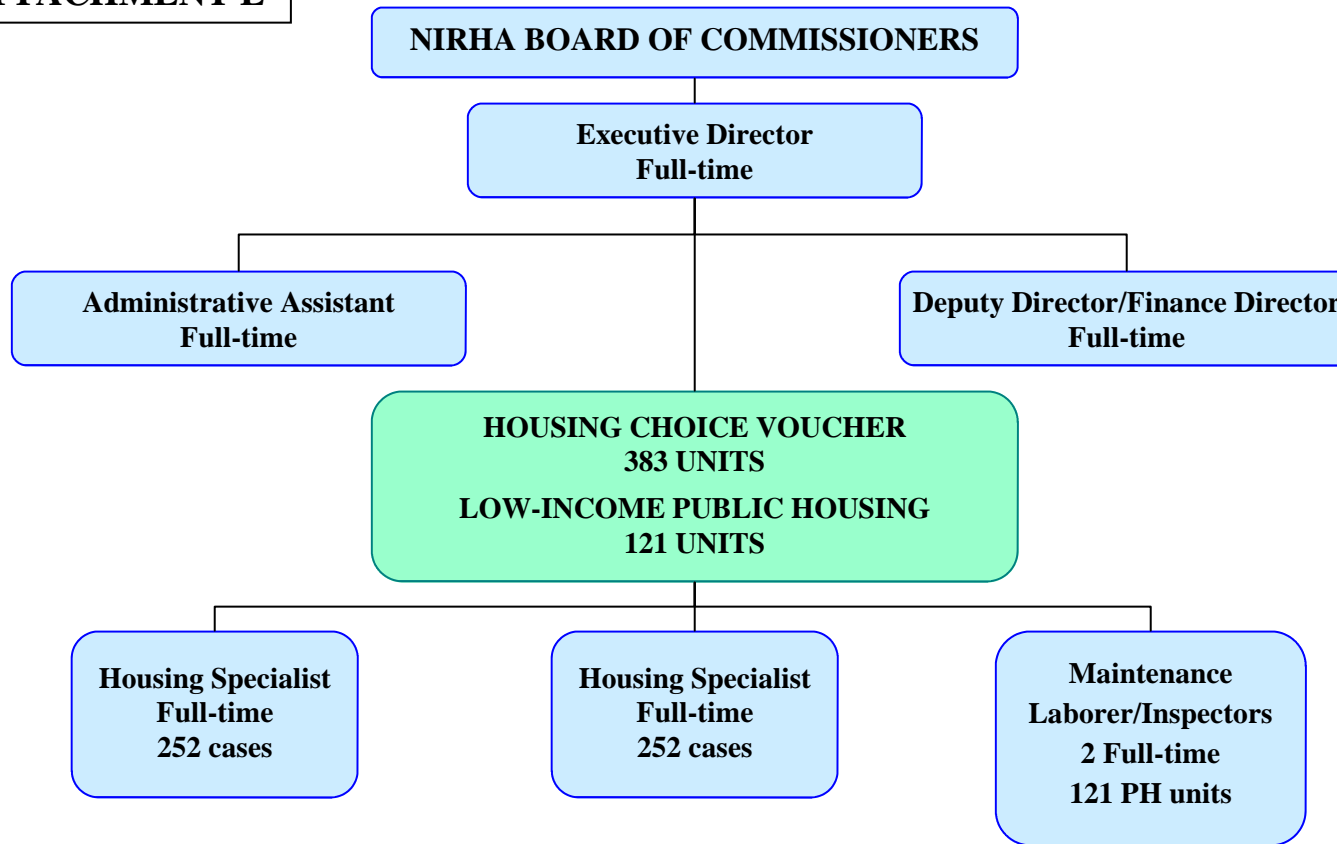
8. MAINTENANCE OF UNIT AND DESIGNATED PET AREA
 - a. Residents owning a cat must provide and maintain waterproof litter boxes for cat waste, which must be kept in the dwelling unit. Residents shall not permit refuse from litter boxes to accumulate nor to become unsightly or unsanitary. Litter shall be disposed of in an appropriate manner.
 - b. Residents are solely responsible for immediately cleaning up their pet's droppings, if any, outside the unit and on facility grounds. Droppings must then be disposed of properly and regularly.
 - c. Pet exercise and relief areas shall be those designated by the management.
 - d. Residents shall take adequate precautions and measures necessary to eliminate pet odors within or around the unit, and shall maintain the unit in a sanitary condition at all times.
 - e. Pet bedding shall not be washed in any common laundry facilities.
 - f. Residents must take appropriate actions to protect their pet from fleas and ticks.
 - g. A pet owner shall physically control or confine his/her pet during the times when Housing Authority employees, agents of the Housing Authority or others must enter the pet owner's apartment to conduct business, provide services, enforce Lease terms, etc.
9. VISITING PETS
 - a. A pet meeting the criteria outlined elsewhere in this Policy may visit the project, building or site for up to two (2) weeks. The Resident must notify the HA of the presence of a visiting pet.
 - b. Residents who have a visiting pet must abide by the conditions of this Policy regarding health, sanitation, nuisances, and peaceful enjoyment of others.
 - c. If a visiting pet violates this Policy or causes the Resident to violate the Lease, the Resident will be required to remove the visiting pet.
10. REMOVAL OF PETS
 - a. If a Resident allows his/her pet to do something against any of the provisions in this Pet Policy, the Resident will be given one (1) written warning informing the Resident to not permit the violation event to occur again. A second violation of any part of this Policy

will result in steps being taken to terminate permission for the pet to reside in the dwelling.

- b. If a pet causes harm to any person the pet's owner shall be required to permanently remove the pet from the Housing Authority's property within twenty-four (24) hours of written notice from the Housing Authority. The pet owner may also be subject to termination of his/her dwelling Lease.
- c. The Housing Authority, or an appropriate community authority, shall require the removal of any pet from a project if the pet's conduct or condition is determined to be a nuisance or threat to the health or safety of other occupants of the project, or of other persons in the community where the project is located.
- d. The pet may not be left unattended in a dwelling unit for a period of over twenty-four (24) hours. If the pet is left unattended and no arrangements have been made for its care, the HA management will have the right to enter the dwelling unit, remove the pet and transfer it to the proper authorities, and/or take the uncared for pet to be boarded at a local animal care facility at the total expense of the Resident. Such removal will be subject to the provisions of Iowa State law and pertinent local ordinances. The Housing Authority accepts no responsibility for the animal under such circumstances.
- e. A pet owner who violated any other conditions of the Policy may be required to remove his/her pet from the development within ten (10) days of written notice from the Housing Authority. The pet owner may also be subject to termination of his/her Lease.
- f. In the event any pet housed in a Public Housing facility owned and operated by the North Iowa Regional Housing Authority (under Part 5, Subpart C. Section 5.300-5.380 or Part 960, Subpart G. Section 960.701-960.707) give birth to a litter, the Resident shall remove from the premises within a ten (10) week period all of said animals except that the Resident may have a total of two (2) pets remaining on the premises. (By HA definition, two "remaining pets" refers to any two of the litter, the litter parent(s) and/or any other pet previously housed on the premises.)

- g. Resident pet owners are responsible for the safety and health of their pet during those scheduled occasions when the dwelling units in the facility are being treated for deinfestation. NIRHA shall not be liable for the ill-health or death of a pet as a result of the periodic disinfestations treatment.
 - h. In the event of the death of a pet, the Resident shall properly remove and dispose of the remains. The remains shall not be placed in any container inside a facility or in a container on the grounds, or be placed in the ground anywhere on the premises.
 - i. The Housing Authority's Grievance Procedures shall be applicable to all individual grievances or disputes arising out of violations or alleged violations of this Policy.
- 11. The privilege of maintaining a pet in a facility owned and/or operated by the North Iowa Regional Housing Authority shall be subject to the rules set forth in this Policy. This privilege may be revoked at any time subject to management's Hearing Procedures if the animal should become destructive, create a nuisance, represent a threat to the safety and security of other Residents, or create a problem in the area of cleanliness and sanitation.
- 12. Should a breach of the rules set forth in any part of this Policy occur, the North Iowa Regional Housing Authority may also exercise any remedy given it in accord with Section 562A.27, Code of Iowa (1983).

ATTACHMENT E



Executive Director: Oversee proper program management, HQS and file quality control, Agency Plan, policy development, consider additional programs, reports directly to the Board of Commissioners.

Deputy Director/Finance Director: Responsible for preparation of financial reports and submissions, HAPS, REAC/PIC, accounts payable and assistant to the Executive Director.

Administrative Assistant: Review applications, maintain waiting lists, mail, rent collection, work orders, newsletters, phone and criminal background checks.

Housing Specialists: Conduct briefings and lease up of PH and HCV programs, annual recertifications, obtain verification for accurate calculations and lease enforcement.

Maintenance Laborers/Inspectors: Complete work orders, preventative maintenance, prepare vacant units for rental, conduct HCV and PH inspections.

Confidentiality

All information relating to the incident(s) of domestic violence, including the fact that an individual is a victim of domestic violence, dating violence, or stalking, must be retained in confidence and must neither be entered into any shared database nor provided to a related entity, except to the extent that the disclosure is (i) requested or consented by the individual in writing; (ii) required for use in an eviction proceeding or termination of assistance; or, (iii) otherwise required by applicable law.

State and Local Laws

Some states have passed laws affecting applicants, tenants, owners, and landlords that are more stringent than requirements of the Violence Against Women Act (VAWA). Many states have related laws pending. You may want to check with your state and/or city for the most current state and local laws protecting victims of domestic violence, dating violence, or stalking.

More Information

PIIAs, owners and managers are encouraged to access VAWA via the Internet at the following Website address: <http://www.gpoaccess.gov/plaws/index.html>

Information Provided By:

North Iowa Regional Housing Authority
202 1st Street SE, Ste 203
Mason City, IA 50401
641-423-0897



Violence Against Women Act

What Applicants, Tenants,
Owners, and Landlords
Need to Know

*Applicable to Public Housing and
Section 8 Housing Choice Voucher
Programs*

What is VAWA?

Violence Against Women and Justice Department Reauthorization Act 2005 (VAWA) protects tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.

The provisions of the law apply both to public housing and Section 8 programs and to owners renting to families under the Section 8 rental assistance programs.

A Public Housing Agency (PHA), owner, or landlord may not deny admission to an applicant (male or female) who has been a victim of domestic violence, dating violence, or stalking if the applicant otherwise qualifies for assistance or admission.

Protection for Participants

The law provides in part that criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of a tenant's household or any guest

or other person under the tenant's control, shall not be cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse. The law also provides that an incident(s) of actual or threatened domestic violence, dating violence, or stalking will not be construed as serious or repeated violations of the lease by the victim or threatened victim of that violence and will not be "good cause" for termination of the assistance, tenancy, or occupancy rights of a victim of such violence.

The PHA, an owner, or landlord may deny, remove, or terminate assistance to an individual perpetrator of such action and continue to allow the victim or other household members to remain in the dwelling unit or receive housing assistance. This does not limit the authority of the PHA, owner, or landlord to terminate assistance of other criminal activity or good cause.

Certification

PHAs, owners or managers receiving a report of an incident(s) of actual or threatened domestic violence, dating violence or stalking that may affect a tenant's participation in the housing program are allowed to request, in writing, that an individual complete, sign and submit, within 14 business days of the request, a HUD-approved certification form that is available at the PHA office. On the form, the individual certifies that he/she is a victim of domestic violence, dating violence, or stalking, and that the incident or incidences in question are bona fide incidences of such actual or threatened abuse.

In lieu of, or in addition to, a certification form, a tenant may provide to the PHA, managers or owners, (1) a Federal, State, tribal, territorial, or local police record or court record; (2) documentation signed and attested to by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing abuse or violence.

ATTACHMENT G**Site Based Waiting List Assessment**

	Disabled	Hispanic	Non Hispanic	White	Black	Am. Ind.	Asian	Hwn/Pac Isl.
Algona								
2005	1	1	5	6	0	0	0	0
2006	0	1	4	5	0	0	0	0
2007	0	0	5	5	0	0	0	0
2008	0	0	6	6	0	0	0	0
Britt								
2005	0	0	0	0	0	0	0	0
2006	1	0	3	3	0	0	0	0
2007	0	0	5	5	0	0	0	0
2008	0	0	0	0	0	0	0	0
Clear Lake								
2005	0	0	3	2	1	0	0	0
2006	0	0	2	2	0	0	0	0
2007	0	0	1	1	0	0	0	0
2008	0	0	1	1	0	0	0	0
Forest City								
2005	1	1	7	7	1	0	0	0
2006	0	0	1	1	0	0	0	0
2007	0	1	10	9	2	0	0	0
2008	0	1	6	4	3	0	0	0
Hampton								
2005	2	0	3	3	0	0	0	0
2006	2	0	4	4	0	0	0	0
2007	2	0	8	8	0	0	0	0
2008	0	0	2	2	0	0	0	0
Manly								
2005	0	0	1	1	0	0	0	0
2006	1	0	2	1	1	0	0	0
2007	0	0	1	1	0	0	0	0
2008	1	0	2	2	0	0	0	0
Northwood								
2005	0	0	4	4	0	0	0	0
2006	0	0	6	6	0	0	0	0
2007	0	0	3	3	0	0	0	0
2008	0	0	3	3	0	0	0	0
Osage								
2005	0	0	3	3	0	0	0	0
2006	0	0	3	3	0	0	0	0
2007	0	0	1	1	0	0	0	0
2008	0	0	0	0	0	0	0	0
Rockford								
2005	0	0	1	1	0	0	0	0
2006	1	0	4	4	0	0	0	0
2007	0	0	4	4	0	0	0	0
2008	1	0	7	6	1	0	0	0
Sheffield								
2005	0	0	0	0	0	0	0	0
2006	0	0	2	2	0	0	0	0
2007	2	0	2	2	0	0	0	0
2008	0	0	1	1	0	0	0	0